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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01616 (6)

1. Corporation Name
VINGI CORP.



Principal Place of Business: % GEORGE R. MORAITIS, 915 MIDDLE RIVER DRIVE, SUITE 506, FORT LAUDERDALE FL 33304

Mailing Address: % GEORGE R. MORAITIS, 915 MIDDLE RIVER DRIVE, SUITE 506, FORT LAUDERDALE FL 33304-3500

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/11/1989	3a. Date of Last Report 06/07/1996
21. State, Apt. #, etc.	26. State, Apt. #, etc.	4. FEI Number 59-2957744	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MORAITIS, GEORGE R.
915 MIDDLE RIVER DRIVE
SUITE 506
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	VINGERHOETS, LEOPOLDO	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, #506	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	VINGERHOETS, ANA MARIA	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	VINGERHOETS, MARIO	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HELGEURO, MARIA ELENA DE	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BELLATIN, LUZ MARIA DE	
STREET ADDRESS	915 MIDDLE RIVER DRIVE, SUITE 506	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _____ President February 20 1997 951-503-4163

CR2E034 (9/96)